

Office of Health Information Technology
Commonwealth Grant Request for Information Response
Statement of Interest
Submission Collection Format

Contents submitted to the Council in this Statement of Interest will be treated in accordance with the rules set out in part IV of the Request for Information. In part: “Ownership of all data, materials, and documentation originated and submitted to the Council, pursuant to the RFI, shall belong exclusively to the Council and be subject to public inspection in accordance with the Virginia Freedom of Information Act.”

Part 1 - Contact Information

Please identify the name of the Virginia licensed health care provider requesting this grant. Please provide the name, title, address, phone numbers and email for the grant sponsor. This person is the official representative of the Grant Request.

Please identify all other companies the sponsor company is partnering with and provide a contact name, title, address, phone numbers and email for these organizations.

Optional: Provide the Web addresses for any companies in the partnership.

Space for this answer should be about 1 page, with 10 point font

Part 2 – Project Overview

Please tell us what you will be doing during your pilot project. Describe the high-level aspects of your solution and what you expect it to accomplish. Tell us about the roles of the Sponsor and the Partner(s). Overview the Regional Orientation of this project and the possible impact should your project move beyond a pilot. Please keep your time-frame for impact within 2-3 years from initial pilot activation.

Space for this answer should be about 3 pages, with 10 point font

Part 3 – Partnership History

Please overview the history of your partnership with the partners for this grant. Please describe what you have accomplished with your partners in Virginia. Please depict the relationship this partnership has with Virginia provider institutions and area physicians.

Space for this answer should be about 2 pages, with 10 point font

Part 4 – Timeline and Work plan

Please indicate the number of calendar days you will need from the date of the grant award that your partnership will be prepared to begin work. Describe your project phases and estimate when you believe your pilot will be activated.

Optional: Tell us about your project sub-phases and the general distribution of work between the partnerships.

Space for this answer should be about 2 pages, with 10 point font

Part 5 – Technical Approach

Please describe the high level technical approach to your project. If you add diagrams, please make sure they are footnoted to your text. Next, please complete the multiple choices or fill in the blank questions.

Space for this answer should be about 1 page, with 10 point font

Part 5.1 - Regarding Network, System Architecture, Hardware, Operating Environment, and Databases.

Please categorize your answer for (1) only the primary system (2) Two or more systems (3) More than 3 systems, ____

5.1.1 What deployment model(s) do you expect to use for this solution, check all that apply for this your answer above.

- ____ Application Service Provider (Vendor Hosted)
- ____ Software Product (User Hosted)
- ____ Third Party Site
- ____ Combination

Please categorize your answer for (1) only the primary system (2) Two or more systems (3) More than 3 systems, ____

5.1.2 What operating system(s) will your solution use? (check all that apply for your answer above)

- ____ Windows
- ____ Linux
- ____ Unix
- ____ Mac OS
- ____ Other

Please categorize your answer for (1) only the primary system (2) Two or more systems (3) More than 3 systems, ____

5.1.3 What minimum client application will your solution require?

- ____ Thick Client
- ____ Browser-based
- ____ Rich Browser-based (e.g., Applets)

Please categorize your answer for (1) only the primary system (2) Two or more systems (3) More than 3 systems, ____

5.1.4 What other application will your solution use (Check all that apply for your answer above)

- ____ Thick Client
- ____ Browser-based
- ____ Applet-based

Please categorize your answer for (1) only the primary system (2) Two or more systems
(3) More than 3 systems, ____

5.1.5 What underlying database management software will you use (Check all that apply
for your answer above)

- ☐ Oracle
- ☐ Microsoft SQL Server
- ☐ Open Source (MySAL, Firebird, Ingres)
- ☐ DB2
- ☐ OODBMS
- ☐ Other

List up to 3 required 3rd party software you will require

1. _____
2. _____
3. _____

Please categorize your answer for (1) only the primary system (2) Two or more systems
(3) More than 3 systems, ____

5.1.6. Please check all the scalability features you will use

- ☐ Database / Server Replication
- ☐ Server Clustering
- ☐ SMP Computing
- ☐ Grid Computing
- ☐ Other (Fill in) _____

5.1.7 What types of access points will your solution provide for physicians, nurses, and
other care givers, please check all that be used.

- ☐ Desktop computers
- ☐ Laptop computers
- ☐ Wireless tablet computers
- ☐ Text message device
- ☐ Cell phone
- ☐ IM device
- ☐ Other

5.1.8 What additional data entry mechanisms are supported, please check all that will be
used.

- ___ Bar code readers
- ___ OCR
- ___ Web forms
- ___ Patient monitoring equipment
- ___ Laboratory analysis equipment
- ___ Voice to Text
- ___ Handwriting recognition
- ___ RFID
- ___ Biometrics
- ___ Smart Cards
- ___ Proximity badges
- ___ Other (Please fill in) _____

5.2 – Data System Security Requirements

5.2.1 What provisions are made for compliance with Privacy Standards and regulatory requirements? Please provide a reference URL, and/or limit your answer to the space provided.

Space for this answer should be about ½ pages, with 10 point font

5.2.2 What provisions are made for compliance with requirements for legally sound medical records? Please provide a reference URL, and/or limit your answer to the space provided.

Space for this answer should be about ½ pages, with 10 point font

5.2.3 What features exist for data protection and disaster recovery? Please provide a reference URL, and/or limit your answer to the space provided.

Space for this answer should be about ½ pages, with 10 point font

5.2.4 What data security measures will your solution support? (Check all that apply)

- ☐ SSL
- ☐ 3rd Party SSL Accelerators
- ☐ Event logging to support auditing and strict user accountability
- ☐ Rollback

5.2.5 For the pilot, will all information be time-stamped? Yes ☐ No ☐

5.2.6 For the pilot, will all data entry be associated with a particular user? Yes ☐
No ☐

5.2.7 For the pilot, will all users have a unique login? Yes ☐ No ☐

5.2.8 For the pilot, can each user be assigned particular roles? Yes ☐ No ☐

5.2.9 During the pilot will each patient have a unique patient identifier? Yes ☐ No ☐

5.2.10 Will this solution support electronic signature where permitted by Virginia law?
Yes ☐ No ☐

5.3. Routine Maintenance Procedures

5.3.1 During the pilot, what do you expect total, daily average (measured over a month),
elapse downtime for routine solution maintenance to range?

☐ < 1 hr ☐ 1-4 hours ☐ 4-6 hours ☐ > 6 hours

5.4 Tools for Computer Operators and Support Staff

5.4.1 What tools will your solution support? (Check all that apply)

- ☐ Data migration programs for migrating data from legacy medical records systems
- ☐ Workflow management
- ☐ Customization tools for screens
- ☐ Prepackaged Statistical Reports
- ☐ OLAP
- ☐ Custom Reports using a report generator

☐ Data mining tools

☐ Flat file import utilities

☐ XML input

☐ XML export

5.5 Required or Suggest Staffing

5.5.1 Will this solution require a dedicated systems administrator? Yes ☐ No ☐

5.6 Use of Standards

5.6.1 What standards will be used during the pilot for information exchange (check all that apply?)

☐ HL7

☐ HL7 2.4

☐ CVX

☐ MVX

☐ NCDPCP

☐ ICD-9

☐ CDISC

☐ CABIG

☐ IEEE 1073

☐ IHE PIX

☐ X12N

☐ ELINCS

☐ DICOM

☐ HUGN

☐ NDF-RT

☐ HIPAA

☐ LOINC

☐ SNOMED

☐ RXNORM

☐ Other

5.6.2 How many interfaces will your pilot solution utilize?

☐ None ☐ 1 ☐ 2-3 ☐ 3-5 ☐ 5-10 ☐ More than 10

5.6.3. Will your pilot use an existing Interface Engine? Yes ☐ No ☐

6.0 Special State Considerations

Please highlight for us any commitments within your project partnership in support of any of the following, Small (SBE), Women (WBE), and Minority owned (MBE) businesses (SWAM). If there are none, please state “none”.

Space for this answer should be about ½ pages, with 10 point font

7.0 Business Model

Please state your total dollar request for this Grant Statement of Interest (SOI).
(Applicants are reminded you are not limited to the number of SOI you submit.)

Please describe any plans or assumptions you have made about other funding sources aside from possible funding from this grant request.

Space for this answer should be about 1 page, with 10 point font

8.0 Diagrams and Pictures

You may attach up to 10 Diagrams or pictures to this section of the SOI.